

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

IN THE SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

IN THE MATTER OF:

Case Number:

ACCEPTANCE OF SERVICE

(Name(s) of Child(ren))

THE PERSON WHO SIGNED BELOW MAKES THESE STATEMENTS UNDER OATH:

- COURT PAPERS:** I acknowledge that I have voluntarily accepted a copy of the following legal papers: (Check the boxes that apply under your type of case. If your case is not one of the cases described below, list the documents you received from the other party under the "other" category. You must receive all of the documents listed under your type of case before the case can proceed. Do not check the box unless you received the document.)
JUVENILE DEPENDENCY ☐ Petition **OTHER:** _____
☐ Notice of Hearing
- ACCEPT AND WAIVE FORMAL SERVICE.** I waive formal service of process (service by a process server or sheriff), and understand by accepting these papers, it is the same as if I were personally served under Arizona law.
- ATTEND THE HEARING.** I understand that if I do not attend the hearing that I may lose my right to be heard in this case. I understand that failure to appear at the hearing could result in the Court giving the other party any and all things requested in his or her legal papers.
- MILITARY SERVICE.** I am not in the military forces of the United States of America in any capacity or I waive the protection of the Soldiers and Sailors Relief Act.

Signature of Person Accepting Service and
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____

SUBSCRIBED AND SWORN to before me today _____

by _____
Notary Public

Notary Commission Expires: _____